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**PATENT APPLICATION FEE DETERMINATION RECORD**

**Substitute for Form PTO-875**

### Application of Doctor Number

1016700816

**CLAIMS AS FILED - PART I**

FOR	NUMBER FILED	NUMBER EXTRA
<b>BASIC FEE</b> (37 CFR 1.16(a))		
<b>TOTAL CLAIMS</b> (37 CFR 1.16(c))	minus 20 =	*
<b>INDEPENDENT CLAIMS</b> (37 CFR 1.16(b))	minus 3 =	*
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b>		(37 CFR 1.16(d))

\* If the difference in column 1 is less than zero, enter "0" in column 2.

**CLAIMS AS AMENDED – PART II**

(Column 1)		(Column 2)		(Column 3)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total (37 CFR 1.16(d))	58	Minus	53	•	/
Independent (37 CFR 1.16(d))	5	Minus	5	•	/

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	Fee		RATE	Fee
	\$ _____			\$ _____
\$ _____ =		OR	x \$ _____ =	
\$ _____ =		OR	x \$ _____ =	
\$ _____ =		OR	+ \$ _____ =	
TOTAL		OR	TOTAL	

(Column 1)		(Column 2)		(Column 3)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total (37 CFR 1.16(d))	58	Minus	53	•	/
Independent (37 CFR 1.16(d))	5	Minus	5	•	/

OR	OTHER THAN SMALL ENTITY										
	<table border="1"> <tr> <td>RATE</td> <td>ADDI- TIONAL FEE</td> </tr> <tr> <td>OR</td> <td>X \$ ____ =</td> </tr> <tr> <td>OR</td> <td>X \$ ____ =</td> </tr> <tr> <td>OR</td> <td>+ \$ ____ =</td> </tr> <tr> <td>OR</td> <td><b>TOTAL ADDL FEE</b></td> </tr> </table>	RATE	ADDI- TIONAL FEE	OR	X \$ ____ =	OR	X \$ ____ =	OR	+ \$ ____ =	OR	<b>TOTAL ADDL FEE</b>
RATE	ADDI- TIONAL FEE										
OR	X \$ ____ =										
OR	X \$ ____ =										
OR	+ \$ ____ =										
OR	<b>TOTAL ADDL FEE</b>										

		(Column 1)	(Column 2)	(Column 3)	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	
	Total (37 CFR 1.16(c))	38	Minus	52	/
	Independent (37 CFR 1.16(j))	6	Minus	5	/

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$ <u>      </u> =		OR	X \$ <u>      </u> =	
X \$ <u>      </u> =		OR	X \$ <u>      </u> =	
+ \$ <u>      </u> =		OR	+ \$ <u>      </u> =	
TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (27 CFR 1.16(d))	28	Minus	52
Independent (27 CFR 1.16(d))	6	Minus	6

+ \$ =	OR	+ \$ =
TOTAL ADD'L FEE		TOTAL ADD'L FEE
<i>[Signature]</i>		

  

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X \$ =		X \$ =	
X \$ =		X \$ =	

• If the entry in column 1 is less than the entry in column 2, write “**20**” in column 3.

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter 30.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate boxes on page 1.

**The Highest Number Previously Filled For (Total or Independent) the highest number found in the appropriate box in column 1.**  
This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and press option 2.